

# Prevent Antimicrobial Resistance in Healthcare Settings: From Vision to Reality

## 2004 Application

CDC and the CDC Foundation are sponsoring a dinner meeting at the 2004 Society for Healthcare Epidemiology of America (SHEA) conference in Philadelphia, Pennsylvania. The purpose of the meeting, to be held the evening of Sunday April 18, 2004, is to share success stories and evaluation results from healthcare facilities that have implemented at least one step or strategy of CDC's [12 Steps to Protect Hospitalized Adults](#) program of the [Campaign to Prevent Antimicrobial Resistance in Healthcare Settings](#). The implementation project should display process and/or outcome measures\* with the intent of achieving practice change.

We invite applications from all types of healthcare institutions nationwide and welcome both small- and large-scale projects. Please submit only one application per institution by the deadline of **Friday, February 20, 2004**. Applications will be reviewed by infection control experts and judged on the creativity exhibited to overcome barriers, level of staff participation, progress made toward meeting stated objectives, and use of evaluation techniques (i.e. needs assessment, process and/or outcome evaluation). Applicants selected to present at the meeting will be notified by March 15, 2004.

The project lead for each of the three applications selected for recognition will be awarded: (1) registration for the 2004 SHEA conference in Philadelphia, (2) expense-paid airfare and accommodations at the SHEA conference in Philadelphia, and (3) dinner the night of the event. Participants will be required to present their success story at the April 18<sup>th</sup> dinner meeting and should contribute to efforts to document the proceedings.

Institution Name: \_\_\_\_\_

Institution Street Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Project Lead: \_\_\_\_\_

Title and Occupation of Project Lead: \_\_\_\_\_

Contact Person for Application (if different from above): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Address (if different from above):

Street: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Institution (please check all that apply):

☐ Urban      ☐ Rural      ☐ Teaching      ☐ Non-Teaching

Number of Beds (not used in decision process): \_\_\_\_\_

Evaluation Criteria (please check the option(s) that apply):

☐ Process Measures\*      ☐ Outcome Measures\*

Target Audience for Project:

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Please indicate the approximate number of participants in each of the categories below:

\_\_\_\_\_ Physicians          \_\_\_\_\_ Nurses          \_\_\_\_\_ Nurse Practitioners  
\_\_\_\_\_ Physician Assistants          \_\_\_\_\_ Hospital Administrators          \_\_\_\_\_ Lab Technicians  
\_\_\_\_\_ Pharmacists  
\_\_\_\_\_ Other healthcare personnel (please describe): \_\_\_\_\_

Start date of project planning phase: \_\_\_\_\_

Start date of project implementation phase: \_\_\_\_\_

Start date of project analysis/evaluation phase: \_\_\_\_\_

Has the project been completed or is it ongoing? \_\_\_\_\_

Which step or strategy of the *12 Steps for Hospitalized Adults* did the project address:

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Why and how was the above step/strategy selected:

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What Hospitalized Adults campaign tools were used to implement the project?

(Check all that apply)

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Website                        | <input type="checkbox"/> Slide Set   | <input type="checkbox"/> Poster            |
| <input type="checkbox"/> Fact Sheet                     | <input type="checkbox"/> Pocket Card | <input type="checkbox"/> Patient Tip Sheet |
| <input type="checkbox"/> Folder                         | <input type="checkbox"/> Hotline     | <input type="checkbox"/> NONE              |
| <input type="checkbox"/> Other (please describe): _____ |                                      |  |

What barriers existed in implementing the selected step/strategy and how were these barriers overcome?

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What institutional facilitators existed in implementing the selected step/strategy? (i.e.– What factors assisted or supported the implementation of this project?)

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Are you willing to present your implementation and evaluation results at the dinner meeting on Sunday, April 18, 2004?

☐ Yes ☐ No

**Please attach a thorough description of the project not to exceed five pages (double spaced, 12pt font) using the following format:**

**Project Background** – please describe the background and history of the project, including how the project idea and plan were generated, how the project is funded, and the project’s goals and objectives.

**Methods** – please describe the project design including measures, instruments, and tools employed to achieve the intended goals and objectives.

**Results** – please describe the results of the project, including any qualitative or quantitative data available.

**Conclusions and Future Plans** – please describe your conclusions based on your project results, implementation recommendations, and any future plans for this or similar antimicrobial resistance projects.

\*A process evaluation can document the structure and activities in a project as well as measure the extent to which the project was conducted as planned and the resources needed to implement the project.

\*An outcome evaluation measures the extent to which program goals are or are not met. This can be achieved by measuring the short- and long-term impacts of the project on knowledge, attitudes, and behaviors.

**Please submit your application by fax or air mail in order to be received no later than 5:00pm EST Friday, February 20, 2004 to:**

Carrie Bridges, MPH  
Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention  
1600 Clifton Road, Mailstop E-68  
Atlanta, GA 30333  
Fax: 404-498-1244

Applicants will receive an email acknowledging receipt of their application if it is received by 5:00pm EST on Friday, February 20, 2004. Please direct any questions to Carrie Bridges (404-498-1256), Rosemarie McIntyre (404-498-1251), or [arcampaign@cdc.gov](mailto:arcampaign@cdc.gov).

**Thank you for your submission.**